

Transitional Care Coordination

From Jail Intake to Community
HIV Primary Care

DISSEMINATION OF
EVIDENCE-
INFORMED.
INTERVENTIONS



Intervention Summary

Collaborations between public health agencies, community-based organizations, and jail health services have implications for public health and safety efforts and have been proven to facilitate linkage to care after incarceration.¹ Medical screenings that happen for all inmates through the jail intake process offer an opportunity to implement such interventions, as do booking processes and intervention intake.^{2,3,4} Jordan et al., introduce the concept of “Warm Transitions” as an integral part of implementing their HIV Continuum of Care Model by “applying social work tenets to public health activities for those with chronic health conditions including HIV-infection.”⁵ Absent “a caring and supportive warm transition approach,” pre-existing barriers to care and other stressors that come with the experience of incarceration and cycling in and out of correctional facilities will continue or be exacerbated after incarceration.⁶ Without transition assistance, people living with HIV who are released from jails are at risk of unstable housing; lack of access to health insurance and medication; overdose due to period of detoxification; exacerbation of mental health conditions due to increased stress; and lack of social supports, when exposed to the same high risk communities from which they were incarcerated.⁷

This intervention is intended for organizations, agencies, and individuals considering strengthening connections between community and jail health care systems to improve continuity of care for HIV-positive individuals recently released from jails. The following information is meant to provide an overview of the Transitional Care Coordination intervention to implement a new linkage program to for PLWH to support their care retention and engagement post-incarceration and as they re-enter the community.

HIV Care Continuum

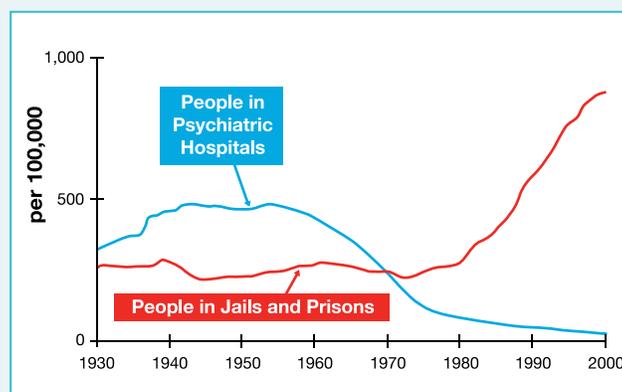


Professional Literature

The United States has the highest incarceration rates of any industrialized country in the world.^{8,9} Approximately 1 out of every 100 people in the United States is incarcerated;¹⁰ and, if rates persist, 1 in 15 Americans will have been incarcerated at some point in their lives.¹¹

The U.S. Criminal Justice System includes Law Enforcement (police, sheriff, highway patrol, FBI, and others), Adjudication (courts), and Corrections (jails, prisons, probation, and parole).¹² Most incarcerated individuals (85%) pass solely through jails. Yet most corrections spending is in state prisons, rather than in jails, which are dependent on local funding.^{13,14}

FIGURE 1 **De-Institutionalization?**
Harcourt 2006



If rates persist,

1 in 15

Americans will have been incarcerated at some point in their lives.

Jails are often the *de facto* health provider of last resort where people with low income, mental illness, unstable housing, substance use issues, and a range of social and health problems are concentrated.^{15,16} Further, while historic arrest rates tend to mirror the racial and ethnic demographics of the local community, the incarcerated population is predominantly men of color.^{17,18}



Prior to jail admission, many individuals may have had barriers to accessing health care and support services due to structural inequalities, including poverty, unstable housing, limited educational attainment, and un- or under- employment.^{19,20} Co-occurring health and behavioral health conditions (e.g., substance abuse and mental illness) further exacerbate access to care issues (see also Figure 1).^{21,22} Additionally, people are less equipped to address health issues when faced with competing compelling needs related to survival, such as food and shelter.²³ In these same communities, health inequities lead to higher rates of both incarceration and HIV.²⁴ As a result, public health professionals working in jail settings have a unique opportunity to engage a population living with HIV and not engaged in care, in need of supportive services to access care after incarceration to achieve viral load suppression.^{25,26,27}

Jail-based health services treat populations at high risk for acquiring HIV and offer people an opportunity to know their HIV status. They may also provide transitional care coordination to facilitate linkage and re-engagement with the health care system after incarceration.^{28,29} Jail-based health services have the opportunity to:

- ▶ **Offer universal HIV testing**, particularly in jurisdictions with hyper endemic rates of incarceration, so that the offer of HIV testing in correctional health care settings mirrors that in community health settings;³⁰
- ▶ **Implement interventions** to prevent HIV transmission among populations that move into, dwell in, or leave correctional facilities, while delivering general interventions that decrease intimate partner/sexual violence, promote harm reduction and medication adherence, and address substance use;
- ▶ Ensure that health services in jails follow **international guidelines** for HIV care, including for the management of HIV comorbidities that occur at high frequency in incarcerated populations;
- ▶ Promote 2-way, **comprehensive communication** between correctional and community HIV providers to ensure that there are no gaps in care, treatment, and supportive services as people transition to and from their communities and correctional facilities.

The CDC strongly recommends jail-based HIV testing.³¹ Routine HIV screening in jails is also consistent with the National HIV/AIDS Strategy.³² Nonetheless, many HIV positive persons in jails are unaware of their HIV status or were not in HIV primary care at the time of jail admission. The majority of people pass through jail and are never sentenced to prison but return to the communities that they left.^{33,21,34} The transition period from incarceration back to the community is known to be a high risk period for: increased deaths,³⁵ discontinuity of care and treatment (including ART), unstable housing, and opiate overdose. The adverse health outcomes that occur in this high risk period further underscore the need for transitional care coordination and support services.^{36,37,28,38} As such, health

departments, local healthcare providers, and community-based organizations have a vested interest in the provision of HIV testing, treatment, and linkage to both care and treatment during and after incarceration. It is useful for health care and correctional staff to view jails as part of the continuum of care rather than independently, since this approach may help encourage strategic retention-in-care planning.



Theoretical Basis

A behavioral change theory is a combination of, “interrelated concepts, definitions, and propositions that present a systematic view of events or situations by specifying relations amount variables, in order to explain or predict the events or situations.”³⁹ By grounding an intervention in theory, the component parts are intentionally sequenced to build off of one another to facilitate a change in health behavior.

The original **Transitional Care Coordination** intervention was grounded in the Transtheoretical Model of Behavior Change (using Stages of Change to lead to behavior change).⁴⁰ The Stages of Change framework explains an individuals’ readiness to change, and provides strategies at six levels of behavior change (**precontemplation, contemplation, determination, action, relapse, and maintenance**) to move the individual into adopting the new health behavior. The Transtheoretical Model of Behavior Change builds off of the Stages of Change by adding 10 processes of change that address the process of overcoming barriers, reducing internal resistance to change, and commitment to a new health behavior. These processes are consciousness raising, dramatic relief, self-reevaluation, environmental reevaluation, self-liberation, helping relationships, counter conditioning, reinforcement management, stimulus control, and social liberation. The Model also includes decisional balance (the benefits and costs of changing) and self-efficacy (confidence in the ability to change health behavior and temptation to engage in unhealthy behavior) as core constructs.



Intervention Components and Activities

The central aim of the Care Transitional Coordination intervention is to facilitate the linkage of a client living with HIV to community-based care and treatment services after incarceration. Intervention activities include identifying and engaging people living with HIV during the jail stay, identifying “right fit” community resources, developing a client plan for their time during and post-incarceration, and coordinating activities needed to facilitate linkage to care after incarceration. These activities need to occur quickly because jail stays are often brief and the uncertainty around discharge dates presents a shorter window of opportunity to reach people leaving jail settings.⁴¹

Transitional Care Coordination includes the following key activities while clients are incarcerated (pre-release):

1. HIV testing or self-disclosure information as well as mental health and substance abuse information after medical intake screening (occurring in the jail);
2. Recruitment (including informed consent) and enrollment into the intervention/program after medical intake screening;
3. Intensive case management intervention and individualized discharge plans (typically, within 24 hours and at least within 48 hours of medical intake);
4. HIV education, including risk reduction and treatment adherence counseling, ongoing during the jail stay;

5. Health Insurance and ADAP assistance for post-release submission;
6. Discharge medications / prescription scripts at the time of jail release, including arrangements for those released from court;
7. Providing a health liaison to the courts, which involves collaboration with court advocates, judges and prosecutors, to provide health information to facilitate placement in community programs (including skilled nursing facility, hospice, drug treatment program) and alternatives to incarceration programs;

Transitional Care Coordination includes the following key activities after the clients are released (post-release):

1. Patient navigation (accompaniment, home visiting, transportation assistance) and re-engagement in care after incarceration;
2. Intensive case management after incarceration to facilitate linkage to care for at least 90 days: address needs for food, clothing, and shelter; verify linkages to HIV primary care within 30 days of returning to the community; address ongoing mental health and substance abuse treatment needs, as assessed; consistent access to health insurance and medication; ongoing care management and social supports after 90 days.



Staffing Requirements

The following staff positions need to be developed and filled in order to successfully implement the intervention.

STAFF TITLE	DESCRIPTION
Linkage staff	
PROJECT MANAGER 	<p>The Project Manager coordinates all aspects of the intervention with jail and community-based staff and community partners.</p> <p>The Project Manager is responsible for:</p> <ul style="list-style-type: none"> ▶ being the point of contact for the intervention and providing oversight of the project; ▶ providing administrative supervision to the care coordinators and the data manager; ▶ serving as the health liaison to the courts; and ▶ serving as the liaison with local jail administration, the Dissemination and Evaluation Center (DEC), and the Implementation Technical Assistance Center (ITAC).
CARE COORDINATOR 	<p>The care coordinator has five primary responsibilities: patient engagement, patient education, discharge planning, care coordination, and facilitating a warm transition to the community and linking a client to care.</p> <p>Patient engagement during incarceration. The Care Coordinator is responsible for:</p> <ul style="list-style-type: none"> ▶ client engagement and assessment during the client's jail stay; and ▶ conducting care coordination with jail- and community-based organizations. <p>Patient education. The Care Coordinator is responsible for:</p> <ul style="list-style-type: none"> ▶ providing patient education on HIV, including treatment adherence, risk reduction as well as a range of other health-related topics (e.g. STI, hepatitis, and TB overviews; prevention strategies and safe sex negotiation; relapse prevention; symptoms evaluation, etc.). <p>Discharge planning. The Care Coordinator is responsible for:</p> <ul style="list-style-type: none"> ▶ assessing client needs; ▶ developing a plan with client to address basic needs; ▶ identifying resources to facilitate access to community health care; and ▶ scheduling initial linkage appointment.

	<p>Care coordination for care upon release. The Care Coordinator is responsible for:</p> <ul style="list-style-type: none"> ▶ completing patient assessment and discharge plan to initiate the process of coordinating care upon release, meeting the person in jail and initiating follow-up to verify linkage to care after incarceration; ▶ arranging discharge medications and prescriptions; and ▶ obtaining consent to collaborate with external entities and individuals (e.g. community health providers, social service programs, courts). <p>Facilitating a warm transition to the community and linking a client to care. The care coordinator is responsible for:</p> <ul style="list-style-type: none"> ▶ accompanying individuals who are newly released to appointments to ensure connection to care; ▶ coordinating community-based HIV care linkage services; ▶ providing home visits, appointment accompaniment, or transportation; ▶ conducting, arranging, or coordinating outreach activities to find individuals who fall out of care and facilitate re-engagement in community care; ▶ assessing and addressing basic needs like housing, food, clothing, etc.; and ▶ transitioning the client to the standard of care after 90 days post-incarceration.
<p>CLINICAL SUPERVISOR</p> 	<p>The Clinical Supervisor is responsible for:</p> <ul style="list-style-type: none"> ▶ Participating in case conferencing (as needed); ▶ Providing monthly (or as requested) individual clinical supervision to care coordinators; and ▶ Providing monthly group clinical supervision to intervention team (as needed)
<p>DATA MANAGER</p> 	<p>This position is responsible for:</p> <ul style="list-style-type: none"> ▶ Consenting patients into the study; ▶ Collecting and submitting data required for multi-site evaluation; ▶ Coordinating the collection of patient surveys, encounter forms, basic chart data abstraction, and implementation measures, and reporting them to the Dissemination and Evaluation Center (DEC); and ▶ Providing quality assurance reports and updates to intervention team about study referrals, enrollment retention, etc.
<p>Staff Characteristics</p>	
	<p>All staff involved in the intervention need to be:</p> <ul style="list-style-type: none"> ▶ able to deliver culturally appropriate services. ▶ non-judgmental and demonstrate empathy, professionalism, boundaries around personal philosophy/belief systems. ▶ genuinely interested in working with people incarcerated in jails. ▶ reflective of racial and ethnic backgrounds of client population with language ability as appropriate to meet client needs (as practicable). ▶ able to meet Department of Corrections' security clearance criteria. ▶ willing to conform to Department of Corrections' policies and are cognizant of guidelines regarding justice-involved persons working in jail.



Programmatic Requirements

The following are programmatic requirements that need to be addressed prior to implementation (prior to enrollment of clients in the jails) in order to facilitate a successful implementation:

- ▶ Establish relationships with the Jail and Department of Corrections to insure ongoing cooperation and support throughout implementation.
 - Assess what related work is already taking place within the jail.
 - Receive clearance for intervention implementation. Understand what materials and resources are or are not permissible within the jail and plan your program accordingly (for example, some jails do not allow laptops inside).
 - Invite corrections to join the collaboration and obtain a commitment for correction officers to provide escort services. Ideally assigned and dedicated officers will work in partnership with the team.
 - Negotiate for dedicated space to conduct intervention activities. Appropriate work space is essential to maintain patient confidentiality.
 - Determine role of jail security staff in project implementation and involve them in planning.
- ▶ Visit jail facilities to conduct a flow analysis. Walk through the health services unit and other relevant spaces to learn where services are delivered to identify space amenable to your program.
- ▶ Strengthen existing relationships with community-based organizations that are willing to work with HIV-positive individuals leaving jail.
 - Address need for telephone or in-person case conferences with community-based organizations during the jail stay (to facilitate a warm transition).
 - Develop mutual Memorandum of Understanding (MOU) Linkage Agreement with each community partner that includes a commitment to provide data that verifies linkage to care.
 - Assess organizational capacity at community-based organizations to insure their ability to consistently provide culturally competent transitional social supports to each inmate post-incarceration.
- ▶ Identify how access to health records and any Electronic Health Record (EHR) systems (including RSR data).
 - Establish a process for communication and information sharing of participating Ryan White care providers during and post-incarceration to streamline the client process and activities each client engages in. Providers should be prepared to address the operational issues involved in working with multiple jail-based and community-based providers of health care as patients are frequently transferred among jails, between jails and prisons, from jail to court, and from jail to the community.
- ▶ Additionally, DEII performance sites must assess their capacity to conduct process and outcome evaluation activities during the funding period.



Costs

The SPNS Jail Linkages projects were deemed cost-effective from a societal perspective⁴² with an average cost per client at \$4,219. In an analysis of nine sites, the mean cost to sustain linkage to care post-incarceration for 6 months was \$4,670.⁴³ Health outcomes impacting costs (reductions in ED use and self-reported unstable housing and hunger when compared to themselves at baseline and at 6 Month follow up) were found under the Transitional Care Coordination intervention including a reduction in emergency department use and homeless shelter stays.^{13, 14}



Resources

OVERVIEW OF PRIOR SPNS INITIATIVES

- ▶ Enhancing Linkages to HIV Primary Care and Services in Jail Settings
www.hab.hrsa.gov/abouthab/special/carejail.html
- ▶ Enhancing Linkages: Opening Doors for Jail Inmates. *What's Going on @ SPNS*:
www.hab.hrsa.gov/abouthab/files/cyberspns_enhancing_linkages_may_2008.pdf
- ▶ HRSA Consultation Meeting. Enhancing Linkages to HIV Primary Care in Jail Settings:
www.hab.hrsa.gov/abouthab/files/enhancinglinkages.pdf
- ▶ HRSA/CDC *Opening Doors: Corrections Demonstration Project for People Living with HIV/AIDS*:
www.hab.hrsa.gov/abouthab/files/openingdoors.pdf

CREATING A JAIL LINKAGE PROGRAM:

TOOLS FROM THE INTEGRATING HIV INNOVATIVE PRACTICES PROGRAM

- ▶ Training Manual:
<https://careacttarget.org/library/creating-jail-linkage-program-training-manual-0>
- ▶ Curriculum: <https://careacttarget.org/library/creating-jail-linkage-program-curriculum-manual>
- ▶ Pocket Guide: <https://careacttarget.org/library/best-practices-hiv-interventions-jails-pocket-guide>
- ▶ Webinar series: <https://careacttarget.org/library/hiv-and-jails-public-health-opportunity>

EVALUATION RESOURCES

- ▶ Enhancing Linkages to HIV Primary Care and Services in Jail Settings implementation guide and evaluation instruments www.enhancelink.org

PEER-REVIEWED ARTICLES PROVIDING BACKGROUND INFORMATION ON WORKING IN JAILS AND LINKING INMATES TO CARE

- ▶ Adherence to HIV Treatment and Care among Previously Homeless Jail Detainees.
www.ncbi.nlm.nih.gov/pmc/articles/PMC3325326/
- ▶ Contribution of Substance Use Disorders on HIV Treatment Outcomes and Antiretroviral Medication Adherence Among HIV-Infected Persons Entering Jail.
www.ncbi.nlm.nih.gov/pmc/articles/PMC3818019/

- ▶ Correlates of Retention in HIV Care after Release from Jail: Results from a Multi-site Study. www.ncbi.nlm.nih.gov/pmc/articles/PMC3714328/
- ▶ An Exploration of Community Reentry Needs and Services for Prisoners: A Focus on Care to Limit Return to High Risk Behavior. www.ncbi.nlm.nih.gov/pubmed/21663540
- ▶ Gender Disparities in HIV Treatment Outcomes Following Release From Jail: Results From a Multicenter Study. www.ncbi.nlm.nih.gov/pmc/articles/PMC3953795/
- ▶ Gender Differences in Baseline Health, Needs at Release, and Predictors of Care Engagement Among HIV-positive Clients Leaving Jail. www.ncbi.nlm.nih.gov/pmc/articles/PMC3758427/
- ▶ Health outcomes for HIV-infected persons released from the New York City jail system with a transitional care-coordination plan. www.ncbi.nlm.nih.gov/pubmed/25521890
- ▶ Jail: Time for Testing. Yale University School of Medicine www.enhancelink.org/EnhanceLink/documents/Jail%20-%20Time%20for%20Testing.pdf
- ▶ Linking HIV-positive Jail Inmates to Treatment, Care, and Social Services After Release: Results from a Qualitative Assessment of the COMPASS Program. www.ncbi.nlm.nih.gov/pmc/articles/PMC3005089/
- ▶ Post-Release Substance Abuse Outcomes among HIV-infected Jail Detainees: Results from a Multisite Study. www.ncbi.nlm.nih.gov/pmc/articles/PMC3600070/
- ▶ Rapid HIV Testing in Rapidly Released Detainees: Next Steps. http://journals.lww.com/stdjournal/Fulltext/2009/02001/Rapid_HIV_Testing_In_Rapidly_Released_Detainees_.9.aspx#
- ▶ Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island. www.ncbi.nlm.nih.gov/pubmed/23128979
- ▶ Understanding the Revolving Door: Individual and Structural-level Predictors of Recidivism Among Individuals with HIV Leaving Jail. www.ncbi.nlm.nih.gov/pmc/articles/PMC4049299/

SOURCES ○

¹Jordan AO. Linkages and Care Engagement: From NYC Jail to Community Provider. New York State Department of Health AIDS Institute, End of AIDS and the Criminal Justice System. September 16, 2015 [webinar]. Available at: www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/webinar_series/cjs/linkages_and_care.pdf.

²Flanigan TP, Zaller N, Beckwith CG, et al. Testing for HIV, sexually transmitted infections, and viral hepatitis in jails: still a missed opportunity for public health and HIV prevention. *JAIDS (Suppl)*. 2010;55(2): S78–83.

³Emory University Rollins School of Public Health. Enhancing linkages to HIV primary care and services in jail settings initiative: linkage to social support services. *Policy Brief*. Spring 2010. Available at: <https://careacttarget.org/sites/default/files/file-upload/resources/EnhanceLinkPolicyBriefs.pdf>.

⁴Teixeira PA, Jordan AO, Zaller N, et al. Health outcomes for HIV-infected persons released from the New York City jail system with a transitional care-coordination plan. *Am J Public Health*. 2015 Feb;105(2):351–7.

⁵Jordan AO, Cohen LR, Harriman G, et al. Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island. *JAIDS (Suppl)*. 2013;(2): S212–219.

⁶Jordan AO, Cohen LR, Harriman G, et al. Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island. *JAIDS (Suppl)*. 2013;(2): S212–219.

⁷Rapp RC, Ciomcia R, Zaller N, et al. The role of jails in engaging PLWHA in care: from jail to community. *AIDS Behav*. 2013 Oct; 17(0 2): S89–S99.

⁸Draine J, Ahuja D, Altice FL, et al. Strategies to enhance linkages between care for HIV/AIDS in jail and community settings. *AIDS Care*. 2011;23(3):366–77.

⁹Walmsley R. *World Prison Population List, 2009* (8th ed.), United Kingdom Home Office Research. Available at: www.apcca.org/uploads/8th_Edition_2009.pdf

¹⁰Warren J, Belb A, Horowitz J, et al. *One in 100: Behind Bars in America 2008*. Washington, DC: The Pew Charitable Trusts, Public Safety Performance Project. 2008.

¹¹HRSA, HAB. Enhancing linkages: opening doors for jail inmates. *What's Going on @ SPNS*. May 2008. Available at: hab.hrsa.gov/about/hab/files/cyberspns_enhancing_linkages_may_2008.pdf.

¹²Zack B, Hane L At the Nexus of Correctional Health and Public Health: Policies and Practice, American Public Health Association Annual Meeting. 2015 [Presentation]

¹³Zack B, Hane L At the Nexus of Correctional Health and Public Health: Policies and Practice, American Public Health Association Annual Meeting. 2015 [Presentation]

¹⁴Draine J, Ahuja D, Altice FL, et al. Strategies to enhance linkages between care for HIV/AIDS in jail and community settings. *AIDS Care*. 2011;23(3):366–77.

¹⁵Spaulding AC, Perez SD, Seals RM, et al. Diversity of release patterns for jail detainees: implications for public health interventions. *Am J of Public Health (Suppl)*. 2010; 1010(1): S347–52.

- ¹⁶Draine J, Ahuja D, Altice FL, et al. Strategies to enhance linkages between care for HIV/AIDS in jail and community settings. *AIDS Care*. 2011; 23(3):366–77.
- ¹⁷Drug Policy Alliance. *The Drug War, Mass Incarceration and Race*. June 2015. Available at: www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Drug_War_Mass_Incarceration_and_Race_June2015.pdf
- ¹⁸Muhammad KG. *The Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America*. Cambridge, MA: Harvard; 2011.
- ¹⁹Kushel MB, Hahn JA, Evans JL, et al. Revolving doors: imprisonment among the homeless and marginally housed populations. *Am J Public Health*. 2005;95: 1747–52.
- ²⁰Centers for Disease Control and Prevention. *HIV Testing Implementation Guidance for Correctional Settings*. January 2009: 1–38. Available at: www.cdc.gov/hiv/pdf/risk_correctional_settings_guidelines.pdf.
- ²¹Harcourt, BE. From the Asylum to the Prison: Rethinking the Incarceration Revolution. *Texas Law Review*. 2006; 84:175. Available at: www.law.uchicago.edu/files/file/harcourt_institutionalization_final.pdf.
- ²²Metzl JM. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press; 2010.
- ²³Zellman H. Philadelphia FIGHT Institute for Community Justice. Establishing the need for an intervention program. 2012. [Unpublished]
- ²⁴Flanigan TP, Zaller N, Beckwith CG, et al. Testing for HIV, sexually transmitted infections, and viral hepatitis in jails: still a missed opportunity for public health and HIV prevention. *JAIDS (Suppl)*. 2010;55(2): S78–83.
- ²⁵Flanigan TP, Zaller N, Beckwith CG, et al. Testing for HIV, sexually transmitted infections, and viral hepatitis in jails: still a missed opportunity for public health and HIV prevention. *JAIDS (Suppl)*. 2010;55(2): S78–83.
- ²⁶Draine J, Ahuja D, Altice FL, et al. Strategies to enhance linkages between care for HIV/AIDS in jail and community settings. *AIDS Care*. 2011; 23(3):366–77.
- ²⁷Teixeira PA, Jordan AO, Zaller N, et al. Health outcomes for HIV-infected persons released from the New York City jail system with a transitional care-coordination plan. *Am J Public Health*. 2015 Feb; 105(2): 351–7.
- ²⁸Spaulding AC, Perez SD, Seals RM, et al. Diversity of release patterns for jail detainees: implications for public health interventions. *Am J Public Health (Suppl)*. 2010; 101(1): S347–52.
- ²⁹Emory University Rollins School of Public Health. Enhancing linkages to HIV primary care and services in jail settings initiative: linkage to social support services. *Policy Brief*. Spring 2010. Available at: careacttarget.org/sites/default/files/file-upload/resources/EnhanceLinkPolicyBriefs.pdf.
- ³⁰Centers for Disease Control and Prevention. *HIV Testing Implementation Guidance for Correctional Settings*. January 2009: 1–38. Available at: www.cdc.gov/hiv/pdf/risk_correctional_settings_guidelines.pdf.
- ³¹deVoux A, Spaulding AC, Beckwith C, et al. Early identification of HIV: empirical support for jail-based screening. *PLoS One*. 2012;7(5):1–7.
- ³²deVoux A, Spaulding AC, Beckwith C, et al. Early identification of HIV: empirical support for jail-based screening. *PLoS One*. 2012;7(5):1–7.
- ³³Spaulding AC, Seals RM, Page MJ, et al. HIV/AIDS among inmates of, and releasees from, U.S. correctional facilities, 2006: declining share of epidemic but persistent public health opportunity. *PLoS One*. 2009;4(11):1–8.
- ³⁴Emory University Rollins School of Public Health. Enhancing linkages to HIV primary care and services in jail settings initiative: linkage to social support services. *Policy Brief*. Spring 2010. Available at: careacttarget.org/sites/default/files/file-upload/resources/EnhanceLinkPolicyBriefs.pdf.
- ³⁵Teixeira PA, Jordan AO, Zaller N, et al. Health outcomes for HIV-infected persons released from the New York City jail system with a transitional care-coordination plan. *Am J Public Health*. 2015 Feb; 105(2): 351–7.
- ³⁶International Advisory Panel on HIV Care Continuum Optimization. IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents. *J Int Assoc Provid AIDS Care*. 2015;1–32.
- ³⁷Wohl DA, Scheyett A, Golin CE, et al. Intensive case management before and after prison release is no more effective than comprehensive pre-release discharge planning in linking HIV-infected prisoners to care: a randomized trial. *AIDS Behav*. 2011 Feb;15(2):356–64.
- ³⁸deVoux A, Spaulding AC, Beckwith C, et al. Early identification of HIV: empirical support for jail-based screening. *PLoS One*. 2012;7(5):1–7.
- ³⁹Glanz K, Rimer BK, Viswanath K. *Health Behavior and Health Education: Theory, Research and Practice* (4th Edition). San Francisco, CA: Jossey-Bass; 2008. P. 26.
- ⁴⁰Prochaska JO, Velicer, WF. The Transtheoretical Model of Health Behavior Change. *Am J Health Promot*. September/October 1997;12(1): 38–48.
- ⁴¹Nunn A, Cornwall A, Fu J, et al. Linking HIV-positive jail inmates to treatment, care, and social services after release: results from a qualitative assessment of the COMPASS Program. *J Urban Health*. 2010;87(6): 954–68.
- ⁴²Spaulding AC, Pinkerton SC, Superak H, et al. Cost analysis of enhancing linkages to HIV care following jail: a cost-effective intervention. *AIDS Behav (Suppl)*. 2013;(2): S220–6.
- ⁴³Spaulding AC, Pinkerton SC, Superak H, et al. Cost analysis of enhancing linkages to HIV care following jail: a cost-effective intervention. *AIDS Behav (Suppl)*. 2013;(2): S220–6.